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The Relationship Between Healthcare Workers' Social Well-Being and Their Turnover Intention

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ABSTRACT

This has aimed to examine whether the social well-being and intention to leave of healthcare workers differed based on descriptive characteristics, and to investigate the relationship between these two variables. The research was conducted with 146 healthcare workers employed at a private hospital. Data were collected by using the Social Well-Being Scale and the Intention to Leave Scale. According to the findings, the overall mean social well-being score of the participants was 3.78, with the highest subscale being "Social Acceptance" (3.84) and the lowest subscale being "Sense of Trust" (3.68). The mean intention to leave the job was 2.55, and it was assessed that, in general, the participants' tendency to leave their jobs was low. A significant and negative relationship was found between social well-being and intention to leave ($p=0.015$). This finding shows that as social well-being increases, the intention to leave decreases. Therefore, the effect of social well-being in reducing the intention to leave can be considered as a factor in reducing staff turnover in healthcare institutions.

Keywords: Healthcare Workers, Private Hospital, Social Well-Being, Turnover Intention

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INTRODUCTION

The World Health Organization has referred to a state of complete well-being since 1947, including the social aspect in its definition of health (World Health Organization, 2020). Well-being encompasses not only quality of life but also the capacity of individuals and communities to contribute to the world in line with their sense of meaning and purpose (World Health Organization, 2021). Social well-being, as defined in Keyes's (1998) model, is the capacity of individuals to strengthen their social bonds and form meaningful relationships. This model emphasizes the relationship between social well-being and individuals' overall well-being. Social well-being is more related to the qualities of social relationship networks than to social and structural variables such as income, income distribution, and education (İlhan, 2018). The social well-being of healthcare workers is closely related to the processes of building meaningful relationships, strengthening social ties, and contributing to society while fulfilling their professional roles (Vakilabad et al., 2023). In other words, social well-being is a reflection of individuals' perceptions of their overall health and life situations, as well as their satisfaction with social interactions and professional experiences (Law et al., 1998). In their study, Mozaffari et al. (2015) stated that nurses' social well-being is closely related to individual, organizational, social, and media-related factors. The support provided by these factors helps nurses feel satisfaction, motivation, self-confidence, self-esteem, hope, and a sense of accomplishment within the framework of their individual and social interactions. Social acceptance, meaningful professional interactions, and supportive work environments both strengthen employees' social well-being and reduce their tendency to disengage from work (Fujikawa et al., 2024). Resignation is the termination of the service contract between the employee and the institution they work for. The intention to resign is used to express the likelihood of a person leaving their job in the near future and their subjective prediction (Kaymaz, 2020). Today, a large part of the lives of people with certain responsibilities is spent in their work environments. Abraham Maslow's hierarchy of needs theory states that people have a need for love and belonging. Feeling a sense of belonging involves needs such as acceptance, friendship, camaraderie, and love in the workplace and surrounding environment (Silah, 2005). Living in an environment that one dislikes and where one feels unloved can cause distress (Eren, 2014). Therefore, individuals will desire a work environment where they can get along, bond, and communicate.

Maintaining negative feelings about work leads to employee dissatisfaction, reluctance, and frustration. For this reason, the negativity, restrictions, and pressures individuals encounter in their work life will affect their well-being at work. As a result, individuals may be expected to show a tendency to leave their jobs (Öngen-Bilir et al., 2018). Employees' tendency to leave their jobs is determined not only by their feelings towards their work and whether they enjoy doing it, but also by the organizational culture, management's attitude, and the behavior of other coworkers. Therefore, it is possible to evaluate the process of leaving a job as a three-dimensional process consisting of individual, organizational, and environmental factors (Yıldırım et al., 2014).

The intention to leave a job is a negative behavior exhibited by employees when they are dissatisfied with their employment conditions. Despite research into employee turnover, employee behavior, and the factors associated with this behavior, it remains a significant problem for organizations (Seyfullahoğulları, 2018). Employee turnover causes serious resource losses for companies by creating comprehensive costs that include the loss of qualified labor, re-hiring and training processes, opportunity costs, and a decline in the morale of existing employees (Seyrek & İnal, 2017; Sökmen & Sökmen, 2014). Therefore, it is important for organizations to identify the factors that influence employees' intention to leave and develop the necessary preventive strategies. The purpose of this study is to examine the relationship between healthcare workers' social well-being and their intention to leave. The research questions are as follows:

- What is the level of social well-being among healthcare workers? Does social well-being vary according to defining characteristics?
- What are the intentions of healthcare workers to leave their jobs? Do intentions to leave vary according to defining characteristics?
- Is there a relationship between social well-being and intention to leave? If so, in what direction?

METHODOLOGY

The study is descriptive and correlational in nature. It was conducted at a private hospital in the Tarsus district of Mersin province, located in Turkey's Mediterranean Region. Hospital healthcare workers constitute the study population. During discussions with the hospital, it was reported that there was a total of 250 employees. It was determined that there were 230 healthcare workers, excluding those on leave and on sick leave. The following formula, used to determine the number of people to be sampled in cases where the population is known, was used to find the sample size for the study (Öztürk, 2017).

$n = [N \cdot t^2 \cdot p \cdot q] / [d^2 (N - 1) + t^2 \cdot p \cdot q]$

In the formula:

n: Number of individuals to be sampled

N: Number of individuals in the population

t: Theoretical value obtained from the t table at a specified degree of freedom and error level

p: Frequency (probability) of the event under study

q: Frequency of non-occurrence of the event (1 – p)

d: Desired margin of error (±) according to the frequency of the event

In the sample calculation, the t-table value for the significance level α=0.05 is t=1.96, with a 95% confidence interval, an accepted sampling error of ± d=0.05 based on the frequency of occurrence, and a frequency of occurrence (prevalence) of p=0.5. According to this formula, the minimum sample size was calculated as 145. Using simple random sampling, the study aimed to reach healthcare workers who met the inclusion criteria. Surveys were administered to healthcare workers who fulfilled the criteria, and the questionnaires of 146 participants were deemed valid and included in the analyses.

Inclusion criteria for the study:

- To be a healthcare worker
- To agree to participate in the study
- To be able to understand and speak Turkish

The exclusion criterion for the study was participants' self-report of having any mental or physical disability.

As a data collection tool, a questionnaire form consisting of a voluntary consent form, a personal information form, the Social Well-Being Scale, and the Turnover Intention Scale were used.

Personal Information Form: Developed based on the relevant literature, this form consisted of six questions aimed at determining participants' descriptive characteristics, including age, gender, educational status, marital status, length of employment at the institution, and total years of professional experience.

Social Well-Being Scale: Developed by Turğut (2017) to describe the social well-being of healthcare workers. The scale consists of thirty-two items and a single sub-dimension, and is a five-point Likert scale (1=Strongly Disagree – 5=Strongly Agree). The Cronbach's alpha value of the scale is 0.962. A higher score on the scale indicates a higher level of social well-being. The scale consists of a total of 32 items and covers "Social Acceptance" (characteristics such as not seeing differences among group members and accepting people as they

are), "Trust" (characteristics such as feeling a sense of belonging to the group, belief, and attachment), "Social Influence" (items related to the similarity of behaviors in the context of interpersonal interactions and social norms), and "Social Respect" (items related to the situation where group members feel that they have characteristics such as being respected and gaining prestige as a result of the roles assigned to them).

Intention to Leave Scale: Developed by Gürbüz and Bekmezci (2012) to measure employees' commitment to the organization. The scale consists of three items and a single sub-dimension, and is a five-point Likert scale (1=Strongly Disagree – 5=Strongly Agree). A higher score on the scale indicates a higher intention to leave. Individuals with an intention to leave must score 3 points or higher. Both scales have previously been used independently in studies focusing on healthcare workers.

Research data was collected through face-to-face interviews between October 5th and December 10th, 2024. Before data collection tools were applied, an information text was notified to the employees, and verbal and/or written informed consent was obtained. Individuals had the right to withdraw from the study at any stage without stating a reason. It took an average of 15 minutes to complete the survey.

The data obtained from the surveys was entered into a statistical software program for analysis. First, frequency analyzes were performed for demographic characteristics, and frequency (n) and percentage (%) values were calculated for each group. Subsequently, frequency analyzes were conducted for the scale scores, and the mean (M), standard deviation (SD), minimum (min), and maximum (max) values were calculated for each group.

The normality of the variables was assessed using the coefficients of skewness and kurtosis. According to Tabachnick and Fidell (2013), variables with skewness and kurtosis values between -1.50 and +1.50 are considered normally distributed; otherwise, it is assumed that the variables deviate from normality. Homogeneity of variances was assessed using Levene's test. The internal consistency coefficient (Cronbach's Alpha) was calculated for reliability analysis. Reliability coefficients have been interpreted as follows (Kalaycı, 2008):

- $\leq \alpha < 0.40$: unreliable
- $0.40 \leq \alpha < 0.60$: low reliability
- $0.60 \leq \alpha < 0.80$: moderately reliable
- $0.80 \leq \alpha < 1.00$: highly reliable

The presence of differences in scale levels based on descriptive characteristics was examined using the t-test for independent groups, one-way analysis of variance (ANOVA), and post hoc (LSD) tests. Pearson correlation analysis was performed to measure the correlations between the determinants of participants' scale levels. When interpreting the results, a significance level of 0.05 was used; a $p<0.05$ indicates a significant difference, while a $p>0.05$ indicates no significant difference.

The fact that the research data was obtained from a single private hospital significantly limits the scope of the findings. Therefore, it is methodologically inappropriate to generalize the study results to all private hospitals. The findings should only be evaluated within the context of the characteristics and employee profile of the institution where the research was conducted. The Ethics Committee for Social and Human Sciences Research at Tarsus University accepted the study on March 28, 2024 (28.03.2024/30).

RESULTS

Information on the descriptive characteristics of the 146 participants included in the study is presented in Table 1. Participants consisted of healthcare personnel such as physicians, nurses, midwives, laboratory and radiology technicians, etc. Since the group was quite heterogeneous, separate statistical analyses were not performed based on professions. Among the participants, women, those aged 20-29, married individuals, those with postgraduate education, and those with 0 to 3 years of work experience in the institution and profession constituted the majority compared to other categories.

Table 1: Descriptive statistics of the sample group

Descriptive Characteristics	Category	n	%
Gender	Male	51	34.9
	Female	95	65.1
Age	20-29	69	47.3
	30-39	38	26
	40-49	25	17.1
	50-85	14	9.6
Marital Status	Married	70	47.9
	Single	76	52.1
Educational Level	Postgraduate	1	0.7
	High School	19	13
	Bachelor's Degree	47	32.2
	Primary Education	79	54.2
Years of Professional Experience	0-3	100	68.5
	4-7	25	17.1
	8-11	14	9.6
	12-55	7	4.8
Years of Employment at the Institution	0-3	56	38.4
	4-7	28	19.2
	8-11	20	13.7
	12-55	42	28.8

The results of the analyses examining whether the scale scores meet the assumptions of normality are presented in Table 2.

Table 2: Normality and reliability analysis results

Scale	Mean (M)	Standard Deviation (SD)	Skewness	Kurtosis	Cronbach Alpha
Social Well-Being Scale	3.78	.90	-1.027	.823	.975
Turnover Intention Scale	2.56	1.15	.569	-.438	.907

As shown in Table 2, the skewness and kurtosis values were within the range of -1.5 to +1.5, indicating that the data meet the assumptions of normality. Therefore, ANOVA and t-tests were deemed appropriate for examining relationships between groups. For the Social Well-Being Scale, Turğut (2017) reported a Cronbach's alpha of 0.96, while in the present study, the Cronbach's alpha was found to be 0.975, indicating a high level of reliability. For the Turnover Intention Scale, Gürbüz and Bekmezci (2012) reported a Cronbach's alpha of 0.90, while in this study, the Cronbach's alpha was 0.907, also indicating a high level of reliability.

Table 3: Participants' social well-being and turnover intention

	n	M	SD
Social Well-Being Scale	146	3.78	.90
Social Acceptance	146	3.84	.93
Trust	146	3.68	.99
Social Influence	146	3.79	1.03
Social Respect	146	3.71	.96
Turnover Intention Scale	146	2.56	1.15

As shown in Table 3, the sub-dimension with the highest score among the participants was "Social Acceptance" (3.84), while the sub-dimension with the lowest score was "Trust" (3.68). The "Social Acceptance" sub-dimension includes elements such as recognizing the differences of group members and accepting individuals as they are, while the "Trust" sub-dimension is related to feelings of belonging, belief, and commitment to the group. According to the overall scale average presented in Table 3, the participants' responses generally indicate that they do not intend to leave their jobs.

The variation of social well-being and turnover intention according to participants' descriptive characteristics were analyzed. For comparisons between two groups, the independent samples t-test was used, while for comparisons among more than two groups, one-way ANOVA was employed. In all tests, a $p<0.05$ was considered statistically significant (Table 4).

Table 4: Findings on the differences in social well-being and turnover intention according to participants' descriptive characteristics

		Social Well-Being															Turnover Intention Scale		
		Social Acceptance			Trust			Social Influence			Social Respect			Scale Total Score					
Descriptive Characteristics	Category	M	SD	Sig.*	M	SD	Sig.	M	SD	Sig.	M	SD	Sig.	M	SD	Sig.	M	SD	Sig.
Gender	Male	3.7	0.9	0.3	3.55	0.98	0.24	3.62	1.1	0.17	3.67	0.86	0.7	3.67	0.9	0.00	2.55	1.13	0.53
	Female	3.9	0.9		3.75	0.99		3.88	0.98		3.73	1		3.84	0.9		2.56	1.17	
Age	20-29	3.8	0.9	0.56	3.66	0.96	0.3	3.71	0.97	0.64	3.68	0.86	0.75	3.74	0.84	0.58	2.58	1.26	0.99
	30-39	3.8	1		3.67	1.04		3.91	1.06		3.63	1.14		3.76	1		2.55	1.01	
	40-49	3.8	0.9		3.52	1.03		3.7	1.1		3.83	0.9		3.74	0.95		2.55	1.16	
	50-85	4.2	0.9		4.14	0.85		4	1.12		3.9	1		4.1	0.9		2.45	1.08	
Marital Status	Married	3.8	1	0.9	3.7	1.05	0.8	3.83	1.08	0.62	3.71	1	0.99	3.79	0.99	0.39	2.47	1.11	0.48
	Single	3.9	0.9		3.66	0.94		3.75	0.98		3.71	0.91		3.77	0.82		2.64	1.2	
Educational Level	Postgraduate	4.6	-	0.87	3.33	-	0.95	3.83	-	0.96	4.2	-	0.94	4.16	.	0.98	3.67	.	0.79
	High School	3.9	0.9		3.7	0.98		3.89	0.94		3.72	1		3.81	0.89		2.58	1.4	
	Bachelor's Degree	3.9	0.8		3.63	0.95		3.75	0.96		3.74	0.94		3.78	0.81		2.5	1.18	
	Primary Education	3.8	1		3.71	1.03		3.79	1.1		3.69	0.96		3.77	0.97		2.57	1.09	
Years of Professional Experience	0-3	3.9	0.9	0.36	3.71	0.99	0.78	3.78	1.03	0.31	3.71	0.91	0.19	4.01	0.92	0.33	2.68	0.31	0.32
	4-7	3.6	1		3.53	1.03		3.6	1.07		3.53	1.07		3.68	0.85		2.37	0.32	
	8-11	3.8	1.1		3.61	1.09		3.84	1.05		3.74	1.12		3.96	0.71		2.78	0.42	
	12-55	4.1	0.7		3.9	0.75		4.45	0.59		4.42	0.37		4.34	0.8		2.13	0.59	
Years of Employment at the Institution	0-3	3.9	0.8	0.26	3.74	0.96	0.62	3.77	0.99	0.69	3.68	0.89	0.59	4	0.95	0.28	2.69	0.35	0.68
	4-7	3.7	0.9		3.5	0.94		3.65	0.95		3.62	0.87		3.74	0.98		2.57	0.36	
	8-11	3.6	1.2		3.58	1.13		3.71	1.25		3.58	1.21		3.83	0.74		2.43	0.27	
	12-55	4	0.9		3.78	0.99		3.94	1.03		3.88	0.96		4.19	0.79		2.56	0.33	

**Sig. has been used as an abbreviation for significance. There is a statistically significant relationship at the 0.05 level.*

In the analysis conducted in terms of demographic variables, no statistically significant difference was found between the Social Well-Being and intent to leave averages (p>0.05). In the analysis based solely on gender, women (M=3.84) scored significantly higher on the Social Well-Being Scale total score than men (M=3.67) (p<0.05). This finding indicates that women perceive their social well-being to be higher than men.

To examine whether there is a relationship between Social Well-Being and Turnover Intention, a Pearson correlation analysis was conducted (Table 5).

Table 5: Findings on the relationship between Social Well-Being and Turnover Intention

		Social Well-Being			
		Social Acceptance	**Trust**	**Social Influence**	**Social Respect**
Turnover Intention Scale	**Pearson Correlation**	-.138	-.271**	-.186*	-.212*
	Sig. (2-tailed)	.098	.001	.025	.010
		146	146	146	146

**Correlation is significant at the 0.05 level (2-tailed).*

Table 5 shows that the correlation analysis between the results and the Social Well-Being Scale subscales and the intention to leave the job generally indicates negative relationships. "Trust" (r=-0.271, p=0.001), "Social Respect" (r=-0.212, p=0.010), and "Social Influence" (r=-0.186, p=0.025) dimensions with intention to leave the job. This indicates that high levels of these sub-dimensions may reduce employees' intention to leave. On the other hand, the relationship between the "Social Acceptance" dimension and intention to leave was not found to be significant (r=-0.138, p=0.098).

DISCUSSIONS AND CONCLUSIONS

The study was conducted among healthcare workers employed at a private hospital, and the data of 146 participants were analyzed. While the majority of participants were women (65.1%), the 20-29 age groups stood out in the age distribution with a rate of 47.3%. This finding indicates that young and female employees constitute a significant portion of healthcare services in private hospitals, and this demographic group can shape the social and professional experiences of healthcare workers. Additionally, the similar rates of single (52.1%) and married (47.9%) individuals indicate that the sample group is diverse

in terms of social life. The fact that 54.2% of the participants have postgraduate education indicates that the healthcare professionals participating in the study possess a high level of knowledge and professional competence. The findings regarding the length of service within the institution indicate that the majority of participants (68.5%) have between 0-3 years of experience, which suggests limited professional experience. This situation can be considered a factor that may affect the development of organizational culture, social interaction, and a sense of belonging. The fact that the scale averages show significant differences only by gender indicates that female and male employees may have different perceptions of social well-being. Durmuş et al. (2018) found no significant difference between genders in terms of total Social Well-being Scale scores in their study of nurses, but revealed significant differences between genders in the subscales of "Social Acceptance", "Social Respect", and "Social Impact". Similarly, Turğut (2017) examined the relationship between the gender of healthcare workers and the social well-being sub-dimension of "Trust" ($p<0.05$) and reported that male employees had a higher sense of belonging to the institution compared to female employees and trusted the institution they worked for more in their work life, while women were less confident. These findings reveal that social well-being may differ by gender, but there is insufficient evidence to definitively determine which gender perceives higher social well-being.

When examining the subscale scores, it is observed that participants received the highest score from the "Social Acceptance" subscale (M=3.84) and the lowest score from the "Trust" subscale (M=3.68). The "Social Acceptance" sub-dimension reflects social skills such as being able to recognize differences among group members and accepting individuals as they are. In contrast, the "Trust" sub-dimension measures feelings of belonging, commitment, and belief in the group, and participants scoring below average on this dimension indicates difficulties with group belonging and social cohesion. This finding underscores the particular importance of social integration and trust-building processes for new and less experienced employees.

Studies in the literature on the social well-being of nurses and healthcare workers show that social well-being levels are related to professional role and quality of life. Demirel and Sarıkoç (2022) and Turğut (2017) found that nurses' levels of social well-being were above average. Yıldırım and Hacıhasanoğlu (2011) found that healthcare workers generally have a moderate quality of life, with the highest average score in the social domain and the lowest average score in the physical domain, supporting the view that healthcare workers' social well-being is above average.

Mozaffari et al. (2015), in their study of nurses in Iran, found that social acceptance and social connections strengthened the nurses' overall well-being. Similarly, Vakilabad et al. (2023) reported that nurses' social well-being is directly related to the processes of building meaningful relationships and social participation. Additionally, Gui et al. (2025) emphasized that social support plays a significant role in helping healthcare workers cope with psychological stress, and increasing the level of social support can positively impact their well-being. Frangieh et al. (2024) stated that reducing loneliness and social isolation among nurses is critically important for strengthening social well-being.

A notable finding in the study is that healthcare workers have a low intention to leave their jobs. However, a significant negative relationship was found between social welfare and intention to leave. The lower intention to leave among socially compatible employees suggests that social well-being can play a protective role in job commitment and organizational attitudes. Job satisfaction, job stress, psychological well-being, and organizational support are prominent factors among the determinants of turnover intention in the literature; however, studies directly examining the relationship between social well-being and turnover intention are limited. This study contributes to the existing evidence that social well-being affects work life. For example, Tatlı and Yiğit (2021) found in their study of hospital employees that social well-being has a positive and significant effect on job and life satisfaction. The reducing effect of social well-being on turnover intention can be considered an important tool for decreasing staff turnover in healthcare institutions. In private hospitals, candidates' social well-being could also be taken into account during recruitment processes.

The fact that this research data was obtained from only one private hospital constitutes a significant methodological limitation that restricts the generalizability of the study findings. Indeed, conducting research in private hospitals and obtaining institutional permission is quite difficult; this situation narrowed the data collection process and prevented the research from reaching a broader sample. Therefore, collecting data from multiple hospitals, expanding the sample, and making inter-institutional comparisons in future research will significantly increase the validity of the findings and their contribution to the literature.

Ethical Approval: Tarsus University Social and Human Sciences Research Ethics Committee, 28.03.2024, 2024/30.

Authors' Contributions: These authors contributed equally.

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